

## **Archdiocese of Grouard-McLennan – Form to Request a Sacrament Certificate**

\*\*A separate application is required for each certificate being sought.\*\*

NOTE: The issuance of duplicate certificates for Church sacraments is governed by Policy 7.4.1 in the *Policy Manual* of the Archdiocese of Grouard-McLennan.

Duplicate certificates for sacraments may be obtained from the parish, quasi-parish or mission where the sacrament was celebrated or from the Archives of the Archdocese of Grouard-McLennan.

For certificates being requested to meet Church requirements, such as in preparation for marriage or sponsoring a candidate for Baptism or Confirmation, there is no re-issuance fee.

## **Instructions for making request**

The following information and documents must be provided before the certificate can be released:

- properly completed and signed "Form to Request a Sacrament Certificate", parts 1, 3-4;
- **fee:** \$10 if the parish, quasi-parish or mission provides the certificate;
- \$25 if the Archives of the Archdiocese provides the certificate;
- properly completed and signed Consent Form (part 5 of this form), if the Certificate Bearer is not the person who is requesting and/or receiving delivery of the certificate;
- details of how the certificate is to be delivered (part 2 of this form).

Please submit this form to the appropriate parish or to the Archives of the Archdocese of Grouard-McLennan, 10301 102 Street, Grande Prairie AB T8V 2W2. Ph: 780-532-9766. Email: <a href="mailto:archives.agm@outlook.com">archives.agm@outlook.com</a>.

For a list of current parish names and addresses, please visit our website: https://archgm.ca/parishes/

Part 1. Certificate Information						
Type of Certificate	☐ Baptism ☐ Confirmation ☐ Marriage ☐ Death	Fee	□ \$10 □ \$25 □ enclosed □ paid on delivery			
Only cash or cheque, please. Do not enclose cash.  Make cheque payable to the parish or Archdiocese of Grouard-McLennan, as applicable.						
Part 2. Delivery of Certificate						
Please deliver the certificate:  in person by mail by fax by email attachment						
Email						
Phone		Fax				
Mailing address						
Name						
Address						
Town			Postal code			

Personal Information Protection Act of Alberta limits the disclosure and release of personal information to the individual named in the document, except: 1) if the record that contains the information has been in existence for more than 100 years; 2) if the individual identified in the record has been deceased for at least 20 years; or, 3) the individual identified in the record has given written consent to the disclosure.

Part 3. Certificate Bearer's Information					
Name on	First name Middle name		Last name		
Certificat					
Date of	(DD/MM/YYYY)	Date of	(DD/MM/YYYY)		
Birth		Sacrament (City Province Co.	l material		
Place of Birth					
Present	☐ Alive ☐ Deceased	Place of	(Parish and/or Town name)		
status	Unknown	Sacrament			
Father's information					
Name	First name Middle na	ıme	Last name		
Tunic					
Date of	(DD/MM/YYYY)	Place of Birth	(City, Province, Country)		
Birth					
Mother's information (please provide her name at birth/before marriage)					
Name	First name Middle na	ime	Last name (at birth)		
Date of	(DD/MM/YYYY)	Place of Birth	(City, Province, Country)		
Birth					
Spouse o	f Certificate Bearer				
	(please provide only if requesting marriage certificate)				
Name	First name Middle na	ime	Last name (before marriage)		
Date of	(DD/MM/YYYY)	Place of Birth	(City, Province, Country)		
Birth					
Part 4. Requester's Information					
Is the person making the request the certificate bearer?					
Name:					
Phone nu	mber:	Email:			
*Explain why you are asking for the certificate if you are not the Certificate Bearer:					
I confirm that the above information is correct and make this request in compliance with the policies of the					
Archdiocese of Grouard-McLennan and any applicable laws of Alberta and Canada.					
Requester's Signature: Date:					
Part 5. Consent from the Certificate Bearer					
As bearer of the certificate described in Part 3, I,,					
(Please print name of certificate bearer)					
give cons	give consent to to: (check one or both)				
give consent to to: (check one or both)  (Please print name of requester)					
☐ make this application for the certificate. ☐ receive delivery of the certificate.					
Signatur	ture:Date:				